

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/926167**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		4				
6		4				
7		1				
8		1				
9		1				
10		2				
11		①				
12		1				
13		①				
14		1				
15		①				
16		①				
17		①				
18		1				
19		1				
20		①				
21		1				
22		1				
23		1				
24		①				
25	1					
26		1				
27		1				
28		2				
29		2				
30		2				
31		①				
32		1				
33		1				
34		①				
35		①				
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50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	43	←		←		←
TOTAL CLAIMS	45					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831